REOPENING SCHOOLS



HEALTH GUIDANCE BY COVID-19 PHASE



STAY AT HOME



SAFER AT HOME



CDPHE, CDE and the Governor's Office worked together to develop this guidance for Local Public Health agencies (LPHAs) and districts as they develop school plans. The guidance has been drafted in light of evolving scientific knowledge about the spread of COVID-19 among children and in schools, as well as real-world disease control knowledge acquired through months of experience at the state and local level. Input has been solicited from both internal and external stakeholders, and their invaluable comments and suggestions have been instrumental in developing practical, broadly applicable guidance.

The guidance is organized by the level of COVID-19 incidence in the community: Stay at Home (high level of COVID-19), Safer at Home (mid-level of COVID-19), and Protect Our Neighbors (lower level of COVID-19).

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GOALS

- 1 Maximize in-person learning in as safe and healthy way as possible.
- 2 Ensure a reasonable level of safety for students and staff for in-person learning.
- 3 Minimize disruptions to education by facilitating timely responses to COVID-19 through cohorting students and staff when possible, screening for symptomatic individuals, and coordinating closely with local and state public health agencies.
- 4 Ensure equity in educational opportunity by considering learning and health needs of all students, including those with varying health conditions, economic backgrounds, language skills, or educational needs.
- 5 Encourage flexibility, adaptation, and innovation as schools develop novel approaches to disease control appropriate to local contexts and as scientific knowledge about COVID-19 transmission and control develops.



GUIDANCE RATIONALE

- Global COVID-19 evidence suggests that younger children play a smaller role in onward transmission of COVID-19¹. The risk of transmission between young children and from young children to adults is lower than the risk of transmission to adults between or from older children and adults. The risk to children is likely lower than that of yearly influenza, accounting for both primary disease and Multisystem Inflammatory Disease in Children (MIS-C). This is why kindergarten and elementary schools should have different guidelines than secondary schools.
- The risk of transmission between children and from children to adults is low, and the risk of transmission to adults is greater from other adults with either symptomatic or asymptomatic infection. Therefore, the most important limit to classroom size for adults is the number of adults required to be in close proximity.
- Given the limited role young children likely play in transmission, there likely is minimal benefit relative to the great difficulty of physical distancing young children within a class to prevent COVID-19 spread. (<u>American Academy of Pediatrics</u>) Moreover, physical distancing has the potential to negatively impact appropriate child development in this age group. Therefore, focus should be placed on other risk mitigation strategies that better complement the learning and socialization goals of children up through 5th grade. In secondary schools there is likely a greater impact of physical distancing on risk reduction of COVID-19.
- Cohorting significantly reduces the number of students and staff who will need to be excluded
 in the event of a case of COVID-19 in a school by limiting the number of close contacts of each
 individual (all of whom will need to be quarantined up to 14 days if they have close contact with
 a case). Considerations about the number of close contacts should be included in decisions about
 transportation and activities as well.
- For COVID-19, a <u>close contact</u> as defined for schools based on a number of factors, including duration of contact, mask wearing, and the activities taking place when the contact occurred.
 CDPHE has provided a tool to help determine who is a close contact of a case.
- Protection efforts applied collectively (for example social distancing AND masking AND cohorting)
 will provide stronger protection than any one effort in isolation as it will reduce the transmission of
 disease and minimize the disruption to in-person learning.



Frequently Asked Questions

Who has the authority to declare the phase (or level) in a county?

The phase in a county is determined based on the <u>Dial framework</u> which uses three metrics to determine the level for a county. These include the number of cases of COVID-19, test positivity, and hospitalizations. Local public health agencies (LPHAs) and CDPHE work together to jointly determine the level appropriate for each county. Follow the link above for more information, including a dashboard which displays each county's current dial level and transmission metrics.

What does "require" mean in these phases?

Executive Orders, issued by the Governor's Office and State Public Health Orders, issued by the state or local government, are legal requirements that apply to all Coloradans. Local public health agencies and local governments can choose to enact stricter guidance than the state. In some cases, local governments may seek and be granted a variance from the state's orders that may allow for looser restrictions. Public health guidance, such as this document, and the CDE Toolkit provide many examples and strategies for schools to comply with orders. At the local school level, districts, BOCES, and charters may also adopt policies related to COVID-19 that include tighter restrictions.

Do local public health agencies approve district or school fall opening plans? No, unless required by the LPHA.

Who has the authority to intervene if a district or school is not following requirements or guidance within Executive Orders issued by the Governor's Office and/or Public Health Orders issued by the state or local government?

The LPHA has the authority to enforce requirements in Executive Orders and Public Health Orders. Likewise, the Colorado Department of Public Health and Environment has the authority to enforce requirements in Executive Orders and Public Health Orders.

If school districts have questions about the legal implications of their local planning decisions, those districts should contact their legal counsel.

With public health orders changing often, CDE has continued to work to update what is identified as required, guidance or considerations within the CDE Framework and Toolkit. There is a legend throughout the toolkit that provides these definitions. If an item is labeled as "required" it lives within a current public health order or executive order for K-12 Education. If the item is identified as "guidance" this is a recommendation for "how to" implement a statute or rule. They are based on best practice and provide direction for how to operationalize the requirements set forth in various orders. All efforts should be made to follow the recommendations when feasible. At the same time, we acknowledge that all of these guidelines may not be met with 100% consistency at all times. And, last, if an item is identified as a "consideration", this is an idea to think about as schools/districts make their own decisions.



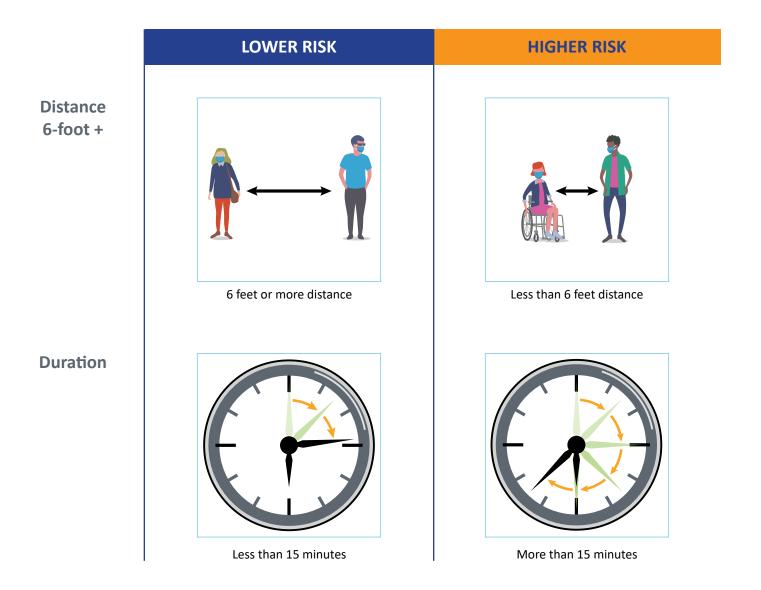
Frequently Asked Questions

P-12 public school and private schools for the purpose of providing meals, housing, facilitating or providing materials for distance learning, and providing in person learning or other essential services to students as determined by the school or school district in consultation with the local public health agency. Such institutions are required to work with state and local public health officials and follow case and outbreak guidance for schools when cases of COVID-19 are suspected or confirmed in students or staff to determine transmission mitigation strategies, isolation, quarantine and shifting to remote learning.

How do the executive and public health orders, this guidance and the CDE toolkit all fit together?

The Executive Orders and Public Health Orders set the policies we all need to follow. This "phased" guidance is designed to help LPHAs and districts make local decisions about school on health and safety precautions that meet the requirements of the Executive and Public Health Orders. The CDE toolkit is a broader set of ideas, resources and guidance on a myriad of other topics concerning school in the era of COVID-19. If provided, LPHA guidance is specific health guidance or orders for your local community, and ultimately they all help districts plan for operating safely this school year.

There are multiple approaches to reduce the risk of COVID-19 transmission. As feasible, use all of the transmission mitigation tactics below. When it is not feasible to use all of the mitigation tactics, consider how to layer them. For instance, if students cannot remain 6-foot apart, cohort students. Cohorting is the most important strategy to keep schools open. If strict cohorts cannot occur, some cohorting is better than none. In addition, consider layering other tactics, such as masks, to reduce transmission risk. Deciding how to implement multiple layers of protection is specific to the local school/district community and grade level. Additional grade-level-specific guidance, based on the health guidance by COVID-19 phase, is provided in the charts below.



LOWER RISK HIGHER RISK Movement **Directed Movement Undirected Movement** Congestion Open **Tight** Mask

Wearing Mask

Not Wearing Mask

LOWER RISK HIGHER RISK Group Size Less than recommended Greater than recommended Respiratory **Output Normal Output Increased Output Touch Lower Touch Higher Touch**

Cohorts **LOWER RISK KEY** COVID+ case Unknown **COVID** status Group requiring quarantine and evaluation Group continuing without disruption **HIGHER RISK KEY** $\bigcirc \longleftrightarrow \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc \bigcirc$ COVID+ case Unknown **COVID** status Group requiring quarantine and evaluation Group continuing without disruption

School Environment and/or Activities

Physical Distance

(applies more strongly to middle and high school settings):

- 6-foot between-student spacing reduces disease transmission risk and should be preferred; 3-foot distancing still provides substantial benefits and is acceptable in the context of a comprehensive disease control strategy.
- Teachers and other adult staff should make the greatest effort to adhere to 6-foot distancing, as their risk and disease transmission potential is higher than students.
- Create a seating chart and maintain children in assigned seats throughout the day as possible.
- Consider staggered arrival and pickup times to reduce crowding in entrances and hallways.

Class and Cohort Size:

- Class sizes and cohorting guidance will vary with phase and grade level (see below).
- Cohorting: the practice of keeping the same students and teachers in the same small group at all times during the school day. Ideally, changes in cohorts are timed to align with school semesters or trimesters after lengthy breaks, but even shorter blocks of time, such as two weeks, can be effective. Cohorting helps limit the number of contacts each individual has. As a result, if quarantines or dismissals are needed, they may affect fewer people, resulting in fewer disruptions to in-person learning. Students may be in multiple cohorts (for example, bus ride to school, after-school sports, classroom).
- Cohorts are encouraged to reduce contact with others.
- Cohorts reduce the number of exposed students/staff from a confirmed COVID-19 case and will result in fewer students/staff required to quarantine.
- Special service providers need not be included in the teacher-to-classroom ratios. These providers should minimize contact with non-client students and other adults in classrooms.
- Develop a plan for staff who travel between schools (e.g., school nurses, psychologists, therapists).
 For example, consider allowing them to have virtual meetings in place of physical school visits and revise scheduling to limit their visits to multiple campuses.



School Environment and/or Activities - Continued

Minimize Transmission Risk:

- Use physical barriers as appropriate to decrease risk of viral transmission.
- Refer symptomatic employees and students to a health care professional for evaluation and potential testing, as well as to the <u>CDPHE Symptom Support tool</u>. (<u>Additional Guidance</u>), and report to local public health agencies.²
- Identify a dedicated room or space to isolate symptomatic individuals until they can return home
 or to a health facility, cleaning and disinfecting appropriately between use. Locate isolation space
 apart from health office functions.
- Regularly clean and disinfect all high-touch surfaces and shared objects (Additional Guidance).
- Maximize ventilation and increase circulation of outdoor air, referencing <u>ASHRAE guidance</u>.
- Keep hand sinks stocked with soap and paper towels. Use signage to encourage frequent hand washing.

Confirmed COVID-19 case:

- Prepare to shift to remote learning (2 14 days) when school closures or cohort dismissals occur in the event of a confirmed COVID-19 case among students or employees.
- <u>CDPHE has provided</u> exposure definitions, return-to-school guidance for both ill students, staff and their contacts, and outbreak definitions on their website. These represent a statewide standard.

Coordinate with local public health.

- Know your LPHA contact.
- Be prepared to provide information about students and staff who were in close contact with a confirmed COVID-19 case.



Employees

Masks/Face Coverings/PPE:

- Comply with applicable state and local mask orders, in addition to below.
- Require face coverings over the nose and mouth for all staff, including during in-person instruction (Additional Guidance) unless they cannot medically tolerate a face covering.
- If needed, face coverings may be temporarily removed or transparent alternatives may temporarily be substituted when learning differences interfere with instruction.
- If necessary, the mask may be removed for instruction for the shortest duration possible.
- Even when in a cohort, face coverings over the nose and mouth are required for all staff.
- Adults are required to wear coverings over the nose and mouth when they are with other adults including in faculty lounges.

Health Screenings:

- Employees will undergo home temperature and symptom screening or self-screening.
- Remain home if experiencing COVID-19 symptoms or if a family member or other close contact has been diagnosed with COVID-19 or is experiencing symptoms.
- Employees unable to complete screening prior to arrival will undergo screening on site. Maximize privacy and minimize exposure to others during onsite screenings.
- Schools may consider daily on site temperature screenings for employees.

Work Environment Options:

- Consider developing staff leave, online learning options, and alternative work duty policies that support employees working from home.
- Comply with legal requirements to provide alternative work assignments for older adults, pregnant people, and those identified as at <u>increased risk of severe illness from COVID-19</u>.

Hygiene/Safety:

- Wash hands frequently for 20 seconds with soap and water.
- Train staff on specific health/safety protocols.



Protecting Students/Parents

Masks/Face Coverings/PPE:

- Comply with applicable state and local mask orders, in addition to below.
- There is a state public health order that individuals 11 and over are to wear a mask/cloth face covering. Masks are also strongly recommended for children between 3-10 years.
- Encourage cloth face coverings over the nose and mouth for students up to age 10 years except during outdoor recess and exercise activities.
- Require cloth face coverings over the nose and mouth for students ages 11 years and older, including during in-person instruction unless the student has a health or education reason for not wearing a mask.
- Masks do not need to be work during outdoor recess and exercise activities where appropriate distancing can be maintained.
- Face covering styles with other than head-strap style attachments should be preferred for students 10 and under to increase safety and improve ability of students to remove their own masks
- All masks should be removed during nap times and when younger children can not be directly observed; masks should be designed so students can remove them without assistance.
- More information about masking, including answers to many questions for schools, parents, and providers, is available from <u>Children's Hospital Colorado</u>. This includes specific information about health-related masking concerns.

Health Screenings:

- Establish guidance for parents on temperature checks, home hygiene, and attendance/reporting procedure.
- Students will undergo home temperature and <u>symptom screening</u> or self-screening.
- Remain home if experiencing symptoms of COVID-19 or if a family member or other close contact has been diagnosed with COVID-19 or is experiencing symptoms.
- Students unable to complete screening prior to arrival will undergo screening on site. Maximize privacy and minimize exposure to others during onsite screenings.



Protecting Students/Parents - Continued

- How to conduct a facility health screening.
- Schools should consider daily temperature screenings.

Populations identified as at increased risk of severe illness from COVID-19:

- Encourage parents/guardians of children with special health needs to discuss the risks and benefits of in-person vs. remote schooling with their health care provider.
- Facilitate alternative arrangements (including remote learning and strategies to reduce risk of in-person learning) when appropriate.

Transportation:

- Reduce the risk of transmission by limiting capacity of school buses, having household and classroom units sit together, and establishing more frequent and shorter trips.
- Bus services should follow guidelines developed for public transportation, with the exception that household groups may sit closely together with appropriate distancing between household groups.
- If physical distancing is not feasible on a bus, all students must wear cloth face coverings over the
 nose and mouth, unless the student has a health reason for not wearing a mask or if a child is
 unable to wear a mask safely without supervision.
- If physical distancing is feasible, encourage cloth face coverings over the nose and mouth for students up to age 10 years, and require cloth face coverings over the nose and mouth for students age 11 years and older, unless the student has a health reason for not wearing a mask or if a child is unable to wear a mask safely without supervision.

Hygiene:

• Wash hands frequently: 20 seconds with soap and water.

Areas other than classrooms:

Guidance for other locations may be found <u>here</u>.

CDPHE Dial Metrics



STAY AT HOME

High COVID-19 Incidence in the Community

GRADE LEVEL	CLASSROOM GUIDANCE ³
K - 5th	 Remote learning, except for a limited number of students requiring in-person education due to specific learning needs.
	 Up to three adults rotate per classroom per day with a strict cohort of students. Maintain 6-foot distance between adults.
6th - 8th	 Remote learning, except for a limited number of students requiring in-person education due to specific learning needs.
	 Up to two adults rotate per classroom per day with a strict cohort of students. Maintain 6-foot distance between all people.
9th - 12th	 Remote learning, except for a limited number of students requiring in-person education due to specific learning needs.
	 Since students in grade 9-12 transmit the virus like young adults, limit size to no more than 10 in a cohort including the teacher and students. Maintain 6-foot distance between all people. Rotating teachers should be avoided.
Staff-Only Activities	 Remote or outdoors if possible; groups of 10 or fewer if physical attendance is required.

Cohorting Guidance⁴

Students should remain in their primary classroom with the same cohort of students throughout the week; staff should remain with the same classroom throughout the week.

SAFER AT HOME

Moderate COVID-19 Incidence in the Community

GRADE LEVEL	CLASSROOM GUIDANCE ³
K - 5th	Continue remote instruction if best for your community or;
	 Up to four adults per classroom per day. So, only 4 teachers should rotate into one specific classroom per day.
	• Students in grades K-5 do not need to meet the 6-foot distance in classrooms or other locations.
	Normal class sizes may occur.
6th - 8th	Continue remote instruction if best for your community or;
	• Up to three adults per classroom per day. So, only 3 teachers should rotate into one specific classroom per day.
	 A firm student gathering number is not given because school classroom sizes differ between and among districts. Local schools should determine the appropriate gathering size while working towards 6-foot distance in a classroom. It is understood some adjustments for each school will need to occur.
9th - 12th	Continue remote instruction if best for your community or;
	 A firm student gathering number is not given because school classroom sizes differ between and among districts. Schools should determine the appropriate gathering size while working towards 6-foot distance in a classroom. It is understood some adjustments for each school will need to occur.
Staff-Only Activities	 Remote or outdoors if possible; groups of 10 or fewer and outdoor groups of 25 with 6-foot distancing and wearing face coverings over the nose and mouth.



SAFER AT HOME

Moderate COVID-19 Incidence in the Community

Cohorting Guidance⁴

- Students should remain in their primary classroom with the same cohort of students throughout the week to prevent full school closure if a case is identified.
- Cohorts should have staggered recess periods, and movement to specialized classrooms (e.g. science lab) should be coordinated to avoid mixing of cohorts.
- To increase cohort feasibility, consider staggered or alternating in-person schedules (e.g. M-T/W-F, AM/PM, or alternate weeks), block scheduling, or hybrid of in-person and proctored remote learning.
- The same staff may alternate during the day between two "partner cohorts."
- Cohorts may be realigned during the school year to support student educational needs. Longer durations of stable cohorting and changes that coincide with school breaks or dismissals enhance the effect of cohorting.

PROTECT OUR NEIGHBORS

Low COVID-19 Incidence in the Community

GRADE LEVEL

CLASSROOM GUIDANCE³

K - 5th

- Students in grades K-5 do not need to meet the 6-foot distance in classrooms or other locations.
- Normal class sizes may occur.
- A defined group of staff should be assigned to a dedicated cohort, but a set number of staff is not identified for flexibility to assign the amount of staff needed for a dedicated cohort.

6th - 8th

- Normal class sizes with increased cohorting, while observing 6-foot spacing as feasible.
- A firm student gathering number is not given because school classroom sizes
 differ between and among districts. Local schools should determine the
 appropriate gathering size while working towards 6-foot distance in a classroom.
 It is understood some adjustments for each school will need to occur. If 6-foot
 distance is not attainable, maximize spacing while layering other transmission
 mitigation tactics, such as masks.

9th - 12th

- Normal class sizes with increased cohorting, while observing 6-foot distance as feasible.
- A firm student gathering number is not given because school classroom sizes
 differ between and among districts. Local schools should determine the
 appropriate gathering size while working towards 6-foot distance in a classroom.
 It is understood some adjustments for each school will need to occur. If 6-foot
 distance is not attainable, maximize spacing while layering other transmission
 mitigation tactics, such as masks.

Staff-Only Activities

• 50% of listed space capacity while maintaining 6-foot distancing.

PROTECT OUR NEIGHBORS

Low COVID-19 Incidence in the Community

Cohorting Guidance⁴

- If strict cohorts cannot occur, some cohorting is better than none. In circumstances where stricter cohorting
 is not feasible, the greatest practical degree of cohorting should be employed in conjunction with other
 layered risk reduction strategies.
- Cohorts should have staggered recess periods, and movement times to specialized classrooms (e.g. science lab) should be coordinated to avoid mixing of cohorts.
- To increase cohort feasibility, consider staggered or alternating in-person schedules (e.g. M-T/W-F, AM/PM, or alternate weeks), block scheduling, or hybrid of in-person and proctored remote learning.
- Be prepared to pivot to full-time remote learning for a class or entire school in case of an outbreak.
- Cohorts may be realigned during the school year to support student educational needs. Longer durations of stable cohorting and changes that coincide with school breaks or dismissals enhance the effect of cohorting.

Athletic, extracurricular and cocurricular activities will vary by phase, and will be addressed in separate guidance from CDPHE.

Stay, Safer, and Protect Complete Framework - specific metrics



¹ AAP Return to School Guidance https://services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools/; NSW, Australia Study https://ncirs.org.au/sites/default/files/2020-04/NCIRS%20NSW%20Schools%20 https://ocademic.oup.com/cid/article/doi/10.1093/cid/ciaa424/5819060 ciaa424/5819060

² CDPHE is currently developing a school surveillance system to help track the number of symptomatic students/staff.

³ Classroom size guidance is contingent on the availability of learning spaces appropriate to accommodate students and teachers with appropriate physical distancing. Schools may consider using alternative learning spaces (e.g. outdoors, gymnasiums, multipurpose rooms, etc) to maximize social distancing.

⁴ Cohorts describe stable groups with fixed membership. For a classroom setting, cohorting is achieved by maintaining the same group of students together throughout the day across many weeks. While students may be members of more than one cohort, each additional cohort greatly increases the number of individuals who may be exposed to a case of COVID-19. Cohorting facilitates disease control by minimizing the number of contacts each individual is exposed to. This, in turn, limits the scope of dismissal and closure activities in the event of a detected case of COVID-19 or other disease.